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## BIB DATA SHEET

CONFIRMATION NO. 8872

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/651,529	08/29/2003	705	4127	38494-00214

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/407,418 08/29/2002

yes CDC

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none CDC

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/19/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance CDC	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/CANDICE D CARTER/ Examiner's Signature	Initials	VA	3	24	2

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 UNITED STATES

## TITLE

Online refund method

FILING FEE RECEIVED 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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